| | | | | | | | | Application or Docket Number | | | | | |
|---|--|----------------------------------|-------------------|-------------------------------------|----------------------------|------------------------------------|------------------|------------------------------|--------------------------|------|------------|------------------------------------|---|
| PATENT APPLICATION FEE DETERMINATION RECORD Effective January 1, 2003 10658570 | | | | | | | | | | | | 0 | |
| CLAIMS AS FILED - PART I (Column 1) (Column 2) | | | | | | | SMAL | V | | OR | OTHER | THAN | |
| TOTAL CLAIMS | | | 14 | | | | | Ē | FEE | 1 | RATE | FEE | |
| FOR | | | NUMBER FILED | | NUMB | ER EXTRA | BASIC FEE 375.00 | | 375.00 | OR | Basic Fee | 750.00 | |
| TOTAL CHARGEABLE CLAIMS | | / / minus 20= | | • / | | XS ! | X\$ 9= | | OR | Mana | | | |
| INDEPENDENT CLAIMS | | | 2 mi | nus 3 = | X | 0 | X42= | | | | Y04 | 0 | |
| MULTIPLE DEPENDENT CLAIM P | | | RESENT | | | | | | | OR | | | |
| * If the difference in column 1 is less than zero, enter "0" in column | | | | | | oluma 2 | +140 TOT | _ | | OR | | | |
| CLAIMS AS AMENDED - PART II | | | | | | | | AL. | | OR | TOTAL | 750 | |
| | /// (Column 1) (Column 2) (Column 3) | | | | | | SMA | L | ENTITY | OR | SMALL | | |
| ENT A | | CLAIMS REMAINING AFTER AMENDMENT | | NUMB PREVIO | USLY | PRESENT EXTRA | RAT | Ε | ADDI- TIONAL | 7 | PATE | ADDI- TIONAL | |
| AMENDME | Total | .14 | Minus | PAID F | | -0 | X\$ 9 | 2 | FEE | OR | X\$18= | FEE | |
| | Independent | 2 | Minus | ## Z | | -7 | X42 | | | | - X84= | | |
| | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | | | - | | | OR | | 1 | |
| | , , | | | | | | +140 | | | OR | +280≤ | | |
| | 5K/106 | /Coh 4) | | 10 -1 - | | | ADDIT. | TAL | | OR | ADDIT, FEE | | |
| AMENDMENT B | | (Column 1) CLAIMS | | (Colum | ST | (Column 3) | | | ADDI - | 1 1 | | 4004 | 1 |
| | | REMAINING AFTER AMENDMENT | | PREVIO | USLY | PRESENT EXTRA | RAT | Ε | ADDI- Y TIONAL FEE | | RATE | ADDI ^L TIONAL FEE | |
| | Total | 14 | Minus | -2 | 0 | <i>- 0</i> | X\$ 9 | = | | OR | X\$18= | | |
| | Independent | NTATION OF MIL | Minus | *** | 2 | • 0 | X42 | | | OR | X84≠ | | |
| | | stration of with | JETTP CL. DEF | ENDENT | COGM | | +140 | | | OR | +280= | | |
| | | | | | | | 10 | A | | OB. | TOTAL | | |
| | | (Column 1) | | (Colum | n 2) | (Column 3) | ADDIT. | EE | | | ADDIT. FEE | | |
| AMENDMENT C | | CLAIMS REMAINING AFTER AMENDMENT | | HIGHE NUMB PREVIOUS PAID F | IST IER USLY | PRESENT EXTRA | RATI | | ADDI- TIONAL | | RATE | ADDI- TIONAL | |
| | Total | • | Minus | ** | | = | X\$ 9 | _ | FEE | | V640 | FEE | |
| | Independent | • | Minus | the | | * | | | | OR | X\$18= | | |
| | FIRST PRESENTATION OF MU | | JETIPLE DEPENDENT | | CLAIM | | X42 | | OR | X84= | | | |
| * If the entry in column 1 is less than the entry in column 2, write "o" in column 3. | | | | | | | | | | OR | +280= | | |
| "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ADDIT. FEE OR ADDIT. FEE | | | | | | | | | | | | | |
| • | The Highest Nun | iber Previously Pai | d For' (Total or | independer | ाहण स्टब्स शिक्ष स्टब्स | r 3, emer "3." highest number i | | | propriate box | | | | |